

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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20	1					
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23	2					
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25	2					
26	2					
27	2					
28	2					
29	2					
30	/					
31	/					
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35	/					
36	/					
37	/					
38	2					
39	2					
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	37	→	→	→	→	
TOTAL CLAIMS	48					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		→	→	→	→	
TOTAL CLAIMS		██████	██████	██████	██████	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS